Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

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2				_,,				ĸ

1. Agency Name	Date Stamp California 802								
COUNTY OF ALAMEDA		Form For Official Use Only							
Division, Department, or Region (if apple	vision, Department, or Region (if applicable)								
BOARD OF SUPERVISORS	BOARD OF SUPERVISORS								
Street Address	treet Address								
1221 OAK STREET, SUITE 536	1221 OAK STREET, SUITE 536								
Designated Agency Contact (Name, Title)									
Crystal Hishida Graff, Clerk, Board of	Crystal Hishida Graff, Clerk, Board of Supervisors								
Area Code/Phone Number E-mail									
(510) 272-3882 crystal.h	510) 272-3882 crystal.hishida@acgov.org								
2. Function, Event, or Ceremonial	Role Informat	tion							
Title GSW									
Title									
Description BASKETBALL	s) 04 / 24 / 12/								
Ticket(s)/Admission(s) provided by	agency? Yes	☑ No [] If no:	Name of	Source				
Was the distribution to persons ide	Nas the distribution to persons identified below made at the behest of								
eupse									
Yes No If yes:	Yes No If yes: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1 Official's Name (Last, First) and Title								
	Official's Name (Last, First) and Title								
The identity of recipient(s) and	Γhe identity of recipient(s) and the explanation:								
Name	ne income box if the agency o								
(Last, First) or	Number of Admission(s)/	Agency Official	The state of the s	taxable income. If the agency official performed a ceremonial role, also provide a description.					
Organization	Ticket(s)	- Cinolai	If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or						
(Name, Address, Description)	4.54		organiza	tion.					
B. W. 444 B. W.		Yes 🗖	, Sweet and Strategy and Strategy	D A COMMUNITY VOLUN	TEER FOR HIS Income				
PHIL MARTIN	4	No ☑	SERVICE I	O THE PUBLIC					
		Yes 🗆			Income				
N		No 🗖							
		Yes □			Income				
3		No 🗖							
		Yes 🗖			Income				
		No 🗖							
		Yes 🗖			Income				
		No □							
2 Varification									
degula de la companya	ations 18944.1 an	d 18942. I I	nave verified t	that the distribution of ad	lmissions, set forth above,				
Le	Lee Ann Fergerson Tic								
	Title	(month, day, year)							
	Print Na				~#~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
hmen	t for any additional i	nformation in	cluding amend	ment explanation.)					